

**CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
OFFICE OF SELECTION SERVICES**

**SUPPLEMENTAL APPLICATION FOR
CORRECTIONAL HEALTH SERVICES ADMINISTRATOR I, CORRECTIONAL FACILITY**

Read instructions carefully

This supplemental application will provide you with an opportunity to demonstrate significant aspects of your qualifications for Correctional Health Services Administrator I, Correctional Facility with the Department of Corrections and Rehabilitation (CDCR). The information you provide will be rated based on objective criteria created by Subject Matter Experts. That rating will be used to determine your final score in this examination. Your name will be merged onto a list based on your final score, and that list will be used by CDCR facilities statewide to fill their existing positions. A "Conditions of Employment" form is included in this supplemental application that will allow you to select the location(s) and time bases in which you are interested in working.

This supplemental application will account for 100% of the weight of your examination for this classification. Therefore, please be sure to follow the instructions carefully as missing or incomplete information may delay the processing of your examination.

Candidate's Name: _____

Social Security Number: _____

Address: _____

*****In order to expedite the hiring process your phone numbers are required*****

Home/Cellular Phone Numbers: _____

Work Phone Number: _____

Signature

Date

I certify that all the statements I have made in this application are true and correct.

MAILING INSTRUCTIONS:

Mail your completed Supplemental Application, along with a standard State Application Form, STD. 678 to the address listed below. You may download a copy of the State application from the State Personnel Board's website at www.spb.ca.gov

**MAIL COMPLETED
STD. 678 AND
SUPPLEMENTAL
APPLICATION TO:**

California Department of Corrections and Rehabilitation
Selection Services Section
P. O. Box 942883
Sacramento, CA 94283-0001

**CORRECTIONAL HEALTH SERVICES ADMINISTRATOR I, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

MINIMUM QUALIFICATIONS

All candidates must meet the minimum qualifications before they will be admitted into this examination. Please ensure that your state application (Std. form 678) clearly indicates your education and experience that meet the minimum qualifications for this examination.

Either I

One year of experience in the California state service in a major hospital administrative or management function performing medical support services duties of a class at least comparable in level of responsibility to those of Hospital General Services Administrator II, Supervising Nurse III, Pharmacist II, or Hospital Administrative Resident III.

Or II

Experience:

Three years of progressively responsible experience in medical health care administration which **must have included at least two years** with responsibility for directing two or more administrative management and support services comparable to those found in a large hospital such as nursing, pharmacy, dietary, rehabilitation, laboratory, or administrative studies. (A post-Baccalaureate Degree in Hospital Administration or in a closely related field may be substituted for one year of experience.)

(Experience in the California state service applied to this requirement must be of at least the level, duration, and type specified in Pattern I above.) **and**

Education: Equivalent to graduation from college with a major in hospital administration or in a related field. (Additional qualifying experience may be substituted for the required education on a year-for-year basis.)

**CORRECTIONAL HEALTH SERVICES ADMINISTRATOR I, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

JOB REQUIREMENTS

The following are job requirements. Please respond to each question by marking the appropriate box. If you are unwilling or unable to comply with any of the following job requirements, it will be grounds for elimination from the examination process.

1. Are you willing to work at correctional facilities in the Department of Corrections and Rehabilitation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you willing to treat inmates/youthful offenders in a professional, ethical, and tactful manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are you willing to abide by and adhere to institutional safety, security and program policies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Are you willing to maintain privacy and confidentiality regarding individual patient/client/inmate health information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you willing to promote positive, collaborative, professional working relations among co-workers and peace officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Are you willing to comply with tuberculosis screening requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Are you willing to work around peace officers armed with chemical agents and/or weapons?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you willing to abide by and adhere to the institutional dress code?	<input type="checkbox"/> Yes <input type="checkbox"/> No

DEGREES/CERTIFICATIONS/EXPERIENCE

Please indicate if you have completed any of the following degrees, certifications, or experience by marking the appropriate box(es)

- ☐ 9. Post-Baccalaureate Degree in hospital administration, health management administration, or a closely related field.
- ☐ 10. Bachelor or Master of Business Administration (MBA) Degree.
- ☐ 11. Registered Nurse Degree.
- ☐ 12. Pharmacist Degree.
- ☐ 13. Experience as a Business Manager in a large health care facility and/or correctional facility.

**CORRECTIONAL HEALTH SERVICES ADMINISTRATOR I, CORRECTIONAL FACILITY
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Name: _____

MANAGERIAL EXPERIENCE

Please mark the appropriate box (es) indicating the program areas in which you have provided administrative management functions.

- ☐ 14. Nursing
- ☐ 15. Psychiatric
- ☐ 16. Dental
- ☐ 17. Pharmacy
- ☐ 18. Radiology
- ☐ 19. Clinical laboratory
- ☐ 20. Dietary
- ☐ 21. Rehabilitation services
- ☐ 22. Medical records
- ☐ 23. Fiscal management
- ☐ 24. Recruitment and administrative assistance
- ☐ 25. Personnel
- ☐ 26. Policy/Program Development
- ☐ 27. Procurement or contract management
- ☐ 28. Hospital environmental services
- ☐ 29. Medical supplies/warehouse
- ☐ 30. Medical appeals

**CORRECTIONAL HEALTH SERVICES ADMINISTRATOR I, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

WORK EXPERIENCE	FREQUENCY				LEVEL OF SKILL			
Note: Under "Work Experience," for items #31-44, please indicate: Frequency: a) If you have performed this task within the last 36 months b) How often you perform this task <i>(Please select one box from "weekly" "monthly" and "annually" column)</i> Level of Skill: a) The years of experience that you have in performing this task <i>(Please select one box from the "level of skill" column)</i>	Performed in the Last 36 months		Weekly	Monthly	Annually	Not performed	Performed 1 to 3 years	Performed 3 years or more
31. Plan, organize, and direct the work of staff in the health services support discipline for a medium sized inpatient health care program and/or outpatient medical, psychiatric or dental program.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Work closely with custodial and/or security services to ensure safety and efficiency in the delivery of health care.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Plan, organize and direct the administrative activities of a health care program.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Review and evaluate health care policies, procedures and new programs.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Develop, implement and monitor health care policies, procedures and new programs.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Consult with outside medical specialists on long-range and short-range medical programs.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Oversee the fiscal program of a health care facility.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Coordinate and/or develop health education programs.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Participate in and oversee the recruitment and selection of health care professional or support staff.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Manage, supervise and participate in the training and development of health services professional and/or support staff.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Conduct studies, research, gather data, and prepare reports and/or special projects.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Oversee procurement for a health care facility.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Perform fact-finding investigations related to inmate/patient allegations, and staff complaints to obtain factual data and make recommendations.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Facilitate and/or manage contracts with local providers, jurisdictions and/or community correctional facilities within the services.	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**CORRECTIONAL HEALTH SERVICES ADMINISTRATOR I, CORRECTIONAL FACILITY
SUPPLEMENTAL APPLICATION**

Name: _____

CONDITIONS OF EMPLOYMENT - CDCR ADULT & YOUTH FACILITY LISTING ONLY

PLEASE MARK THE APPROPRIATE BOX(ES) OF YOUR CHOICE - YOU WILL NOT BE OFFERED A JOB IN LOCATIONS NOT MARKED.

If you are successful in this examination, your name will be placed on an active employment list and referred to fill vacancies according to the conditions you specify on this form. If, after you are contacted for a job, you are unwilling to accept work you will be charged with a waiver. **After three such waivers and/or you do not reply promptly to the contact, your name will be made inactive. ON OPEN EMPLOYMENT LISTS, once your name is placed inactive, it cannot be reactivated.** Therefore, before you mark this form, there are some things you should consider. If you are not planning to relocate or are not willing to travel to a distant job location, do not select locations that are a long way from your residence. You may choose up to 15 different locations. If you choose more than 15, you will be certified for anywhere in the State.

TYPE OF APPOINTMENT YOU WILL ACCEPT

Please mark the appropriate box(es) - you may check "(A) Any" if you are willing to accept any type of employment.

☐ (D) Permanent Full-Time ☐ (R) Permanent Part-Time ☐ (K) Limited-Term Full-Time ☐ (A) Any
If all are marked and you receive an appointment other than permanent full-time, your name will continue to be considered for permanent full-time positions.

☐ (5) ANYWHERE IN THE STATE - If this box is marked, no further selection is necessary.

NOTE: California State Prison has been abbreviated to "CSP." Youth Correctional Facility has been abbreviated to "YCF."

☐ 7231 **NORTHERN REGION** - If this box is marked, no further selection is necessary.

ADULT FACILITIES:

- ☐ 0309 **Mule Creek State Prison**
Ione, Amador County
- ☐ 0802 **Pelican Bay State Prison**
Crescent City, Del Norte County
- ☐ 1802 **California Correctional Center**
Susanville, Lassen County
- ☐ 1805 **High Desert State Prison**
Susanville, Lassen County
- ☐ 2102 **CSP, San Quentin**
San Quentin, Marin County
- ☐ 3400 **Headquarters**
Sacramento, Sacramento County
- ☐ 3404 **Folsom State Prison**
Represa, Sacramento County

- ☐ 3417 **Richard A. McGee Correctional Training Center,**
Galt, Sacramento County
- ☐ 3423 **CSP, Sacramento**
Represa, Sacramento County
- ☐ 3901 **Deuel Vocational Institution**
Tracy, San Joaquin County
- ☐ 4804 **California Medical Facility**
Vacaville, Solano County
- ☐ 4811 **CSP, Solano**
Vacaville, Solano County
- ☐ 5505 **Sierra Conservation Center**
Jamestown, Tuolumne County

YOUTH FACILITIES:

- ☐ 3902 **DeWitt Nelson YCF**
Stockton, San Joaquin County
- ☐ 3908 **O.H. Close YCF**
Stockton, San Joaquin County
- ☐ 3917 **N.A. Chaderjian YCF**
Stockton, San Joaquin County
- ☐ 3907 **Northern California YCF**
Stockton, San Joaquin County
- ☐ 0311 **Pine Grove Youth Conservation Camp Facility**
Pine Grove, Amador County
- ☐ 0307 **Preston YCF**
Ione, Amador County

☐ 7232 **CENTRAL REGION** - If this box is marked, no further selection is necessary.

ADULT FACILITIES:

- ☐ 1015 **Pleasant Valley State Prison**
Coalinga, Fresno County
- ☐ 1513 **Wasco State Prison**
Reception Center, Wasco, Kern County
- ☐ 1514 **North Kern State Prison**
Delano, Kern County
- ☐ 1522 **Kern Valley State Prison**
Delano, Kern County
- ☐ 1605 **Avenal State Prison**
Avenal, Kings County
- ☐ 1606 **CSP, Corcoran**
Corcoran, Kings County

- ☐ 2003 **Central California Women's Facility**
Chowchilla, Madera County
- ☐ 2004 **Valley State Prison for Women**
Chowchilla, Madera County
- ☐ 2701 **Correctional Training Facility**
Soledad, Monterey County
- ☐ 2708 **Salinas Valley State Prison**
Soledad, Monterey County
- ☐ 4005 **California Men's Colony**
San Luis Obispo, San Luis Obispo County
- ☐ 1608 **California Substance Abuse Treatment Facility,**
Corcoran, Kings County

YOUTH FACILITIES:

- ☐ 4003 **El Paso de Robles YCF**
Paso Robles,
San Luis Obispo County

☐ 7233 **SOUTHERN REGION** - If this box is marked, no further selection is necessary.

ADULT FACILITIES:

- ☐ 1307 **Calipatria State Prison**
Calipatria, Imperial County (North)
- ☐ 1308 **Centinela State Prison**
Imperial, Imperial County (South)
- ☐ 1503 **California Correctional Institution**
Tehachapi, Kern County
- ☐ 1995 **CSP, Los Angeles**
Lancaster, Los Angeles County
- ☐ 3310 **California Rehabilitation Center**
Norco, Riverside County

- ☐ 3313 **Chuckawalla Valley State Prison**
Blythe, Riverside County
- ☐ 3329 **Ironwood State Prison**
Blythe, Riverside County
- ☐ 3612 **California Institution for Men**
Chino, San Bernardino County
- ☐ 3613 **California Institution for Women**
Corona, San Bernardino County
- ☐ 3715 **R. J. Donovan Correctional Facility at Rock Mountain**
San Diego, San Diego County

YOUTH FACILITIES:

- ☐ 3628 **Heman G. Stark YCF**
Chino, San Bernardino County
- ☐ 1967 **Southern Youth Correctional Reception Center & Clinic**
Norwalk, Los Angeles County
- ☐ 5610 **Ventura YCF**
Camarillo, Ventura County

Please notify CDCR promptly of any address changes or availability for employment at the following address:

CDCR, Human Resources, Office of Personnel Services, P.O. Box 942883, Sacramento, CA 94283-0001, Attn: Customer Service Center.

**CORRECTIONAL HEALTH SERVICES ADMINISTRATOR I, CORRECTIONAL FACILITY
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Name: _____

RECRUITMENT QUESTIONNAIRE

This question is not part of the examination. It is for the hiring authority's information only.

***HOW DID YOU HEAR ABOUT THE CORRECTIONAL HEALTH SERVICES ADMINISTRATOR I,
CORRECTIONAL FACILITY EXAMINATION?***

Please mark the box that best describes how you heard about the Correctional Health Services Administrator I, CF examination.

- ☐ Professional Journal
- ☐ Professional Colleague
- ☐ Newspaper/Magazine Advertisement
- ☐ Internet
- ☐ California Department of Corrections and Rehabilitation employee
- ☐ Job Fair/Career Fair
- ☐ Recruitment Mailing
- ☐ College/School
- ☐ Other